Articles

Mothers and Grandmothers in Social Vulnerability: Conceptions About Care and Institutional Shelter

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Abstract

This study aimed at analyzing the comprehension of mothers and grandmothers about care and their perceptions about the institutional sheltering of their children and grandchildren. Participated in this study ten women, 21-61 years old, interviewed inside a sheltering unit in the city of Belém, in the state of Pará, Brazil. The data collected was organized and analyzed through the Content Analysis. The results were ranked in three categories: affective mobilization in the care; care routine and the responsibilities of caretakers; perception of mothers and grandmothers about institutional sheltering. The discussion was based on a systemic perception articulated with the psychodynamic theory. The contents of the interviews indicated an affective and/or behavioral implication of mothers and the care of their children and grandchildren, and the importance of responsibilities in the caretakers performance. Moreover, the variations of perceptions about institutional sheltering are about how the emotional repercussions and the changes in the family's routine were understood by these women. It was concluded that the care provided in the sheltering space was conceived as good, when the demands from the children and their original families were attended. Even though, the separation caused by the social protective measure brought suffering to the participants and that there is the interest of mothers and grandmothers to regain the daily living with children and grandchildren.

Keywords: institutional sheltering, children, care, mother, grandmother

Family Care With the Child

Care comprehends several dimensions, the ones that permeate the human needs, feelings, attitudes, and ethics. There are several studies that point out how essential care is for the survival of species, for human beings it was probably one of the essential factors for its development (Seguro, Neves, Branquinho, & Sousa, 2008).

Care in family groups and its several configurations is characterized as the protection of its members and the transmission of cultural patterns of society they are part (Costa, 2010). In the family context as children are immature and dependable on its early life stage, they need the presence of primary caretakers that provide conditions to survive (Keller, 2007). This provisions concern security, food, housing, also affective, cognitive and social development, and feelings of acceptance and affection (Gomes & Pereira, 2005; Macedo, 1994).

Another important aspect related to care is the affective bond to maintain an emotional basis (Bowlby, 1983; Winnicott, 2012). Such comprehension is due to the search for security and support in adverse moments. For the

emotional development of children to fully happen the caretaker must be aware to identify its needs. It is understood as a safe basis, as denoted by Bowlby (1983) in its Attachment Theory, that it grants the child a basis to freely develop and manage anxiety in moments of helplessness.

Figueiredo (2009) conceives the role of the caretaker to be explained by its implied presence, as also, by commitment. It is stressed that one of the essential dimensions of this function is the holding, which is understood as a support to withhold the sense of continuity, which gathers an identitary and symbolic referential (Winnicott, 2012).

On the understanding of Ribas and Moura (2007), care in the family interaction deals with what parents think and do to guarantee the survival and development of the child. Parental beliefs or the group of ideas culturally organized with regards to the child has influence on the parental care practices (Cruz, Dias, & Pedroso, 2014). However, violence against child and adolescent and the growing preoccupation with their rights have influenced families, which might generate preoccupation regarding the possibilities of violations. Child sex offense for example implies severe consequences to the cognitive, affective and social development of the victim and its family circle (Habigzang, Koller, Azevedo, & Machado, 2005).

The studies about the human development nowadays have been centered on the dyad mother/caretaker-child as a way to understand the care practices and the changes in contemporaneous societies (Borsa & Nunes, 2011). Several phenomenon from the relationship caretaker-child are explained by family settings, the inclusion of woman in the job market thus the feminine participation in the family budget. On the other hand, the traditional structure in which the patriarch was the provider and the matriarch was the only responsible for maintaining the house, including the care of the children, have motivated the Brazilians family groups of average socio-economic status to a change that enables task division in which mothers and fathers share educative tasks and the daily organization of the group (Wagner, Predebon, Mosmann, & Verza, 2005). However, Mora, Otálora, and Recagno-Puente (2005) indicate that fathers still maintain the idea of a major importance for the maternal role. Mothers, on their turn, resist to abnegate the monopolization of motherhood, for it is a female role socially valued, and it is also important to stress that when parents don't accept the care usually some member of the family might take on this role, usually the grandparents.

In order to comprehend the role of grandmothers in the new family configuration, the support offered by them in the care of grandchildren have been in evidence in what concerns both material and affective support. There are situations in which they become the main caretakers, also legally, motivated by the lack of conditions of their children in raising their grandchildren (Falcão & Salomão, 2005; Mainetti & Wanderbroocke, 2013). Maternal grandmothers are specially implicated on the socialization of the grandchildren and assume roles that goes from babysitter to mothering (Hoffman, 1980).

The Care of Children in Institutional Sheltering Environment

The regulation of the institutional sheltering of children and adolescents in Brazil is currently conceived as a consequence of an ongoing process since the Federal Constitution from 1988, when social movements were articulated for the homologation of the Child and Adolescent Statute (CAS) in 1990 until the creation of normative directed to sheltering institutions such as the National Plan for Family and Community Living - [Plano Nacional de Convivência Familiar e Comunitária] and the Technical Guidelines - [Orientações Técnicas] for the sheltering services for children and adolescents (Santos, 2013).

Another historical mark is the implementation of the new Adoption Law in 2009 which contains the proposal to bring institutions and families closer, aiming at reintegrating the children in a period no longer than two years of institutional sheltering. Such modification directed two meaningful alterations: the institutions that were before called shelters are now called sheltering institutions (which brings out the conception of welcoming with acceptance); and the insertion and emphasis of the original family groups in the individual plans of care of children, besides placing adoption as an exceptional deliberation (Santos, 2013; Silva & Arpini, 2013).

According to CAS (Brazil, 2009), sheltering is a provisory and exceptional protective measure used when the right of the children and adolescents are threatened or violated, and it implies their withdrawal from their family. For that matter, it is emphasized that one of the functions of every professional that deal with the present issue is to work hard in the sense to preserve the family and community bonds (Negrão & Constantino, 2011; Santos, 2013; Siqueira & Dell'Aglio, 2010).

The lack of organized data about the sheltering institutions still cover the reality lived in this complex context: children and youngster from various environments, sheltered for several reasons and in situations that varies from the expectancy of going back to living with the original family, to the lack of judicial definition (Serrano, 2008). In what concerns the variables that lead to institutional sheltering of children and adolescents the researches in Brazil have included "families poverty, abandonment, domestic violence, and chemical dependence of parents or responsible, living on the street, and orphanhood" (Gulassa, 2010, p. 82). Azôr and Vectore (2008) added the lack of a sociopsychological support network and some factors of psychic illness. In general, the connection between these variables force children to be taken to institutional sheltering services, with the curtail addition of precarious-ness of public policies that should attend the demands of all the population (Gulassa, 2010).

The transition of a child through the institution is presented by Tinoco and Franco (2011) as intense and hard for everybody involved. It is an experience that demands a re-adapting and recovering process. Altoé, Silva, and Pinheiro (2011) indicate some problematic issues of the sheltering that reinforces the instability situations that justify the protective measure: high turnover of educators and its low payment, lack of specific trainings, long permanence of the children, lack of mechanisms to preserve the singularities of the ones sheltered. Another issued raised with regards to the distribution of the children in the lodging according to their age, as it makes it difficult to build affective bonds with grownups and it makes it difficult the contact between siblings.

From what was previously exposed, it was noted that the contradictions perceived in institutional shelters are not only in the actors that compose them, but also from the position occupied by the institution in the networks and in its social signification. In this bewilderment, several rights of the child and its original family are denied, despite the effort of professionals that deal directly with these demands. It is the role of those who research this field to have a critical view about the phenomenon and the proposal of questioning and actions in these contexts.

From the scenery presented about care and sheltering it is evident the absence of researches that highlight the origin of the children and adolescents in institutional sheltering. The National Public Prosecution Council - [Conselho Nacional do Ministério Público] (Brazil, CNMP, 2013) broadcasted a report that shows the scenery of children and adolescents sheltered in the country. It was registered that there are more than 30 thousand children and adolescents sheltered in the country, São Paulo is the state with a higher number of attendance.

According to the report, the reason the children and adolescents are left in the institutions vary among negligence, violence, and abandonment. The major part of the entities of institutional sheltering (81%) reported sheltering due

to the negligence from parents and responsible. The second highest cause of sheltering is the dependence of drugs or alcohol of parents or responsible (81%), followed by abandonment (78%), domestic violence (57%), and sex assault (44%). In several causes there are more than one motivation registered. Concerning the profile of the sheltered children, most are boys with ages between 6 and 11 years old (4,188), the majority is in the Southeast Region (2,232). The girls from the same age range add up to 3,422 attended all over the country, most are also in the Southeast Region.

The National Public Prosecution Council (Brazil, CNMP, 2013) showed a curious fact, in 75% of the institutions there were some children that didn't receive any visits for more than two months. The concern of the members from Prosecutors Council that inspect these places is that the families ties are lost and the chances for reinsertion in the family decrease.

Based on the previously exposed the main objective of this study is to analyze the comprehension of mothers and grandmothers about the care and their perception about the sheltering of their children and grandchildren. The specific objectives were about the conceptions of: care; how the children were taken care previous to sheltering; how they evaluate the care offered to the children in the institutional sheltering; the causes that lead to the social protective measure of the infants and; how they dealt with the withdrawal of their children from the family living.

Method

This study was performed through the qualitative approach, in which the focus are the meanings or purposes assigned to the phenomena lived (Turato, 2003). Therefore, it was attempted to analyze the comprehension of mothers and grandmothers about the care and their perceptions of institutional sheltering of their children and grandchildren. It was used a semi structured interview and the Content Analysis (Bardin, 2013) for the construction of the theme categories. The discussion was based on the systemic perspective that aims at approaching the characteristics of the phenomena in its complexity, instability, and intersubjectivity (Vasconcellos, 2002), and also through the dialog with authors of the Psychodynamics that deal with themes of care and infantile institutional sheltering.

Participants

Took part in this study five mothers and five grandmothers of children sheltered in Temporary Sheltering Space for Children - Espaço de Acolhimento Provisório Infantil (EAPI). The choice was based on three criteria: to be the mother or grandmother (birth or adopted) of children sheltered in the institution; to visit the children in the institution; and to be interested in taking part in the research. In Table 1 are presented the sociodemographic information of the participants.

The data from Table 1 shows that the participants aged between 21 and 61 years, most were from Belém and didn't finish elementary or high school. Regarding the marital status it is noted that only two women didn't have partners, and the others were cohabitating or married. The job occupations are mostly informal, from the ten participants three didn't have paying jobs and were housewives.

Table 1

Sociodemographic Data of the Participants

Name	Participant	Age	City of birth	Marital Status	Education	Occupation	Religion
Stela	Grandmother	61	Belém	Widow	2nd Elem	Seamstress	Catholic
Selma	Mother	41	Belém	COH	3rd Elem	Sales person	Catholic
Susi	Grandmother	38	Santarém	Single	2nd High	Hair dresser	Catholic
Camile	Mother	32	Belém	COH	2nd High	Unemployed	Catholic
Iara	Grandmother	40	Vigia	Married	7th Elem	Sales person	Catholic
Clara	Grandmother	60	Barcarena	Married	6th Elem	Sales person	Evangelic
Larissa	Mother	21	Belém	Single	5th Elem	Maid	Non
Andressa	Mother	24	Ananindeua	COH	NI	Unemployed	Catholic
Juliane	Mother	21	Belém	COH	5th Elem	Unemployed	Non
Karina	Grandmother	45	Belém	Married	NI	Retired	Adventist

Note. ELEM = elementary school; HIGH = high school; NI = not informed; COH = cohabitating.

Study Site

The data collection happened in the Attendance room in the sheltering institutions, where the workers, chiefly social assistants and psychologist performed interviews with the relatives. The institution is for welcoming children that are brought apart from their family living with ages from 0 to 6 years. It is part of the Unified system for Social Assistance - [Sistema Único de Assistência Social (SUAS)] and it is linked to the Department of Social Wellfare and Development in the State of Pará - [Secretaria de Assistência e Desenvolvimento Social (SEDES)].

Materials and Instruments

It was used as a semi-structured interview guide which contained questions concerning the identification of the participants, as demographic data, and their conceptions about the care and process of the sheltering of their children or grandchildren. It was also made use of a field diary for the record of important information during the data collection, including the transcription of interviews. The materials used were a voice recorder, papers, and pens.

Procedure for Data Collection

The project was approved by the Ethics Committee with Human Beings from the Tropical Medicine Nucleus from the Federal University of Para, (CAAE 18567113.5.0000.5172, protocol nº. 529.276). In this study it was essential the signature of Free Consent Form (FCF) by the participants who had their privacy, identity, and secrecy of their data are guaranteed, for that matter fake names were used.

The data collection started by inviting the possible participants followed by the access to their charts. The interview duration varied from 10 to 50 minutes. The notes from the field observations were made in the field diary and the dialogs of the interviews were recorded and transcript.

Data Analyzes

The content analysis proposed by Bardin (2013) was used, it is defined as a set of techniques for the analysis of communication that uses systematic procedures and objectives of describing the contents of messages in three phases: pre-analysis, exploring the material, treating results, inference, and interpretation. Through the interpre-

tation and formulation of the analysis content grill with the data from the interviews, three theme categories were defined: (1) affective care mobilization, (2) care routines and caretakers responsibilities, and (3) perceptions of mothers and grandmothers about institutional sheltering. The discussion was based on systemic and psychodynamic theories, with the dialog between authors as Winnicott (2012); Bowlby (1983); Pires and Miyazaki (2005); Altoé, Silva, and Pinheiro (2011); Cruz, Cavalcante, and Pedroso (2014).

Results and Discussion

Affective Mobilization in Care

In this category are presented the participants conceptions about care, which takes place when caretakers assume the responsibilities regarding to wellbeing, health, development, and child protection (Amorim, Costa, Rodrigues, Moura, & Ferreira, 2012; Bowlby, 1983; Keller, 2007; Motta, 2001; Zanatta & Motta, 2007). The analysis include the aspects of care that relate to the mobilization and affective manifestation of mothers and grandmothers towards their children and grandchildren.

From the results it is considered that affective interactions and expressions are vary and aim at providing the child wellbeing as reported by five participants. Selma (mother) mentions that her daughter is her life and that she is "crazy about her", even though the child is adopted. In Susi's (grandmother) opinion, to take care is to "give a lot of affection". Love as mentioned by Karina (grandmother) and stressed by Juliane is: "treat well the child, always have love. Always send the love from you to the child. In my opinion, care is that". Larissa (mother) would not eat to feed her son: "I didn't let him hungry or starve". The caretakers' speech demonstrate a conception of care associated with affection, that in reality are not supported by their practices, as the children are already sheltered.

Affection is an essential role for constituting the human being, it is based on emotion and it is spread in relational and cultural processes (Amorim et al., 2012). According to Figueiredo (2009) the care agent has a role partially due to the "implied presence", in other words, how to be active and committed to the child. Winnicott (2012) suggests the function of *holding*, which has to do with capacity of the caretaker to establish a care routine that regards the child support at a physical and psychic level. Such support furnishes the developing human being the vicissitude in trusting the reality and in the contact with other people.

The affection mentioned on the speeches of the caretakers is related to what Bowlby (1983) identified in the first years of life of a child, the presence of figures of attachment or biding figures (parents, grandparents, or other primary caretakers) as essential in the organization of their behaviors in addition to emotional and social development. Infants that have safe attachment or strong connections with the primary caretaker have more esteem and confidence in itself, in addition to being more sociable. On the other hand, children with an unsafe attachment (or weak connection) tend to the demonstrate less resilience, independence, sociability and emotional health.

Based on what was exposed, it is considered that the expressions and affection of the caretakers are indexes of their interest in taking care of their children and grandchildren, maintaining and/or strengthening bonds during and after the period of the institutional sheltering. The affective mobilization of participants as an element that motivate them to take care of their children and grandchildren, is related to other aspects presented in this study, such as: responsibility of the caretaker and care routines.

Care Routines and Caretakers Responsibilities

All the participants mentioned the care routine that involve: providing food "I gave food on the right time. Got it?" (Iara, grandmother); hygiene: "all the things clean, all tidy, that's how I like the cleaning" (Selma, mother); education: "look, in my opinion it is education, it's to know how to raise them, know how to raise, right" (Clara, grandmother); rest: "you have to put the child to sleep at the right time" (Camile, mother); avoiding accidents: "has to have the care I have with the child from falling and hurting itself" (Stela, grandmother); playing: "Play with them" (Andressa, mother), etc. The discipline of the infants, when mentioned, is through dialog "it's not like only getting the child and tossing it. No, you have to talk: you can't do this, or that, can't go from here to there" (Stela, grandmother); and with the perspective of avoiding violence "I don't hit him, at home it is only being grounded. You are grounded, you don't hit" (Selma, mother). Such narratives point out to a necessary care (technical) that doesn't reveal the difficulties with the act of taking care, such as demands, affective unavailability of the caretaker, financial problems, among others.

Zanatta and Motta (2007) called "technical care" the ones that gather food, hygiene, shelter and education of children, and are essential to the their growth and healthy development. The way to take care demands time and financial resources of the caretakers. In this sense, Silva and Aquino (2005), and Silva (2004), established the most common reason for the institutional sheltering of children and adolescents is for the families to be economically unprivileged, which is directly connected to structural misery, aggravated by the economical crisis that drives man and woman to unemployment or underemployment (Gomes & Pereira, 2005).

According to the conceptions of the three workers, care is associated to responsibilities: "care with the child is for us to have responsibilities, a lot of responsibilities" (Stela). "That's what I think, that the person needs to be very responsible and very careful with our children, with the spouse, with our house" (Selma). "Care, in my opinion, is not to letting the child get lost, right? To leave, like, in the middle of the people, like, irresponsibility, right? Like people that are not responsible (...) it is that, yes, there are people who drinks, smokes, these things, right?" (Iara, grandmother) it is identified that the responsibility with the child is a demand that competes with other personal demands of the caretaker.

It is relevant to stress Iara's statement that removes people with irresponsible behavior from the role of taking care. Negligence is the most common way of mistreat against children and it involves the omission of basic care and protection, hence the physical and psychic necessities are not attended. The examples of negligence or abandonment are: "stop providing to the child or adolescent food, medication, hygiene care, protection against climatic alterations, clothing and education. Abandonment may be defined as a major form of negligence, which points out the lack of an adequate bond of the responsible people with their children (Pires & Miyazaki, 2005).

Another relevant point is the concern with the physical and/or sexual assault. Stela expresses it as the following: "people that live around also have to pay attention and take care too, because it is not everybody that is good, right? (...). like today, I was watching a bunch of cruelty with some old people, such old people doing stuff of rape with a helpless child". Susi (grandmother) reports that "when they [their children] were little, I never liked to let people take care of them. I didn't trust them, because of everything that is going on". It is important to say that many caretakers are alert to possible physical and sexual abuse against the child.

However, negligence and sexual assault are shown as factors that lead to institutional sheltering of children and adolescents (Azôr & Vectore, 2008; Gulassa, 2010; Serrano, 2008; Silva, 2004). Pires and Miyazaki (2005) state

that the use of physical strength has to do with the disciplinary and authoritarian power that the adults establish with the child or adolescent and its diagnosis is easier for it leaves visible marks. Sexual assault on its turn takes place through physical violence, threats and lies, and the victim is forced to have sexual/erotic practices without the emotional or cognitive capacity to consent and evaluate the situation. Therefore, several conceptions about protection against physical and sexual assault don't reflect what actually is found as reasons for institutional sheltering.

Perceptions of Mothers and Grandmothers About Institutional Sheltering

The perception of the participants about the care provided in the sheltering space varied. Three interviewed affirmed not knowing how the children were treated: "I'm not going to say it, I didn't see anything, because it is the first time I come here" (Stela, grandmother). Susi, grandmother, said: "I Didn't [see the grandchild], because she said only after the DNA test result", and Andressa, mother: "I don't Know". Others declared it to be good "I mean the affection they didn't get at home they have here. I think it is important the way they treat these children here" (Clara, grandmother). The speeches reveal a caution in disclosing the perception of institutional sheltering, however signalizing positive aspects of the place.

Nonetheless, four participants complained about the reckless care in the sheltering area and pondered about the distance between the family and the infants. Selma reported that "the first time I arrived here, she [the daughter] was wearing only shorts, no underwear, the shorts were falling down, and a torn blouse (...). I came another time and she was with the eye almost perforated. Another time I came she was with the head cracked". Iara's granddaughter alleged that "they [the caretakers] hit her". Juliane mentioned situations as: "(...) woman pulling children through the floor. The child doesn't want to take a shower, she pulled him and dragged him by the arm. I already saw that here. Doesn't have patience, yelling at the child. The child doesn't want to go crying, screaming. All the children spread everywhere, tossed, and they don't care. They stay around, sitting, talking". Such speeches also sign a concern regarding the institutional care.

Altoé, Silva, and Pinheiro (2011) consider that, even with new ways of institutionalizing infants and children recommended by the CAS, the components of this network present ways of operation that don't preserve its users. These authors corroborate some aspects about the impossibility of the sheltered children to have personal objects and have to use the clothes that are available, rarely wearing it more than once. Regarding the complaints of the participants about the behavior of some caretakers in the institution, Silva (2004) ponders that professionals that are involved in the care and education of children in the context of institutionalization must have constant technical bettering.

About the institutional sheltering, the participants pointed out favorable and unfavorable aspects: if on one side they have the perspective that the child have support provided by the institution "Here they have everything. Nothing is missing because the government gives everything to them" (Juliane, mother) on the other hand, it is stated the discontent facing the distance between the infants and the original family "Then it isn't good. I didn't think it was good to be apart from her like that" (Selma, mother). The narratives reflect the material need of the families related to financial problems, and the support the sheltering institution may offer the children.

In this matter, Moré and Sperancetta (2010) state that the institution provides protective mechanisms only by assuring the proper care regarding health and food, positive affective relationships, activities that help children to

adapt to school and society. When it doesn't happen, the sheltering experience may have negative impact on the children development and it becomes a measure that leads to recklessness instead of protection.

In what concerns the change in routine after the sheltering, Clara (grandmother) considered her perspective about sheltering changed after their grandchildren were sent to the institution: "Here, you know, I'm learning other things. Outside people say one thing. When we participate, as I am participating here, it's totally different than what people say outside; they are well treated here, the children. Much better than if it was with the mother and even with me, because I have my work". There's a critical reflection, a new learning, that may reflect on the care with the child.

The changes in the routine of the participants, after the institutional sheltering, are about absence of the children from the family living "So the only thing that changed back home is that. She doesn't go there on the weekend" (Stela, grandmother), when I have money I come here almost every day" (Larissa, mother), and about the possibilities of the participants and the children to receive care "And we are going to *Casa DIA* (center for treatment of HIV patients) for the treatment. And we are taking care of ourselves to do the things and take the children from here" (Andressa, mother). It is evident how the family faces it and the requested support from the socio-affective network that helps reorganizing the family system.

Marzol, Bonafé, and Yunes (2012) verified that the children and adolescents in the institution highlighted the caretakers as an essential element in the socio-affective support network. In general, the interviewed considered the fact of feeling important for the caretakers and mentioned the importance of the horizontal and affective relationship with the caretakers, and the promotion of development motivated by them.

It is noteworthy that the sheltering process gave the opportunity for the participants and other members from the family group the possibility to take care of themselves, since the explanations for the protective measure are also due to their own subsistence needs. Cruz, Cavalcante, and Pedroso (2014) mentioned the needs of relatives of sheltered children related to overcoming chemical addictions, renovation their houses, interpersonal difficulties (partners), and social difficulties (neighborhood) related to the caretakers. Those demands are connected to the need of implementing public policies that support the affective deinstitutionalization of children and adolescents in some other ways of care that fully attend the families.

Final Remarks

The speeches indicated the affective and/or behavioral implications of mothers and grandmothers towards their children and grandchildren, also in the importance given for the performance of the caretakers. In this sense, the grandmothers were indicated as essential in the care of their grandchildren, in addition, it was seen a lack of coherence between what the caretakers think, their conceptions of care, and their practices.

The care in the sheltering space was considered good when the demands of children and original families were attended. Even though, the withdrawal motivated by the social protective measure brought suffering to the caretakers. Indeed almost all participants complained about the distance between them and the infants. It was noted that the variations in the perceptions about institutional sheltering are about how the emotional repercussions and the alterations in the family's routine were meaningful.

It is highlighted the interests of mothers and grandmothers in regaining the daily living with their children and grandchildren, even though they didn't have material subsidy and family or social support to develop care routines. Hence the need for effective public policies that avoid the withdrawal of the child from the family living (especially when such measure is dispensable) and enable their deinstitutionalization.

Competing Interests

The authors have declared that no competing interests exist.

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